

No. 2
-12-40
17-39
X23139

FILED MAR 19 1941

Registration District No. 009

Primary Registration District No. 4363

State File No. _____

Registrar's No. 13

1. PLACE OF DEATH: **NEWTON**
 (a) County **NEWTON**
 (b) City or town **NEOSHO**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Sal. Roseman Hospital**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **3 days** (Specify whether
 In this community _____ years, months or days)

3. (a) PRINT FULL NAME **LARRY JOE BALES**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **MALE** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **INFANT**
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **JANUARY 31, 1941**
 (Month) (Day) (Year)

8. AGE: Years _____ Months **3** Days _____ If less than one day _____ hr. _____ min.

9. Birthplace **NEOSHO MISSOURI**
 (City, town, or county) (State or foreign country)

10. Usual occupation **INFANT**

11. Industry or business _____

MOTHER FATHER { 12. Name **ARVIN BALES**
 { 13. Birthplace **GRANBY MISSOURI**
 (City, town, or county) (State or foreign country)
 { 14. Maiden name **YIVIAN BROWN**
 { 15. Birthplace **NEOSHO MISSOURI**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Arvin Bales**
 (b) Address **Neosho Mo.**

17. (a) **BURIAL** (b) Date thereof **Feb 4, 1941**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Neosho D.O.O.G. Cemetery**

18. (a) Signature of funeral director **Carly Thompson**
 (b) Address **Neosho Mo.**

19. (a) **2-6-41** (b) **Ernie R. Sale, M.D.**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **MISSOURI** (b) County **NEWTON**
 (c) City or town **NEOSHO** 3
 (If outside city or town limits, write "RURAL")
 (d) Street No. **JEFFERSON ST.** 2
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **3rd**
 year **1941** hour **4** minute **2** M.
 21. I hereby certify that I attended the deceased from **January 31, 1941** to **Feb 3, 1941**
 that I last saw him alive on **Feb 3, 1941**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage -**
 Due to **short labor**
 Due to _____
 Other conditions **Palp's measurements small**
 (Include pregnancy within 3 months of death)

Major findings: Of operations _____
 Of autopsy **none**
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
543
 While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature **Ernie R. Sale, M.D.** (M. D. or other)
 Address **Neosho, MO** Date signed **Feb 4, 1941**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 6

District File Number

341-415
MAR 10 1941

Date Filed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Registered Apprentice No.

working under my personal supervision.

Signed

Corey Thompson

Licensed Embalmer No. 3259

P. O. Address Neosho Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.